

# Healthcare Coverage For Employees Who Reside Outside The U.S.



# Coverage through CERN

- BSA maintains healthcare programs for regular employees who work at least 20 hours per week
- For BSA employees who work at CERN and reside in Switzerland or France, medical coverage is currently provided through CHIS (Uniq) or through the Aetna (U.S.) medical plan – based on the employee's election
- BSA has been advised that as of July 1, 2017, CHIS (Uniq) coverage will no longer be available to new non-CERN employees and portions of the coverage will be eliminated for current non-CERN employees
- Currently, the only other choice available for medical coverage through BSA is the Aetna (U.S.) medical program - but BSA has identified an alternate coverage option: Aetna International
- The new Aetna International program closely resembles the CHIS (Uniq) program's medical coverage (which covers most expenses at 100%)

# Medical coverage

- It is important that BSA employees working at CERN maintain medical coverage as required in Switzerland and France
- BSA employees working in CERN will be required to enroll in the new Aetna International program through BSA, effective July 1, 2017 if they are on assignment to CERN for 6 months or more
  - If you are a Swiss citizen, you may instead enroll in a plan available through the canton in which you reside
  - If your spouse is employed by CERN, you may instead enroll in his/her insurance
- The Aetna International coverage can be used worldwide, so if you have family members living in other areas, you can enroll them for coverage as well
- The employee premium will be determined using similar factors as the Aetna (U.S.) medical plan including:
  - Annualized base salary
  - Coverage (who you are covering: employee, spouse, child(ren))
- BSA will no longer provide partial reimbursement for the CHIS (Uniq) coverage after June 30, 2017

	AETNA INTERNATIONAL PLAN			AETNA U.S. MEDICAL PLAN (POS 1)	
Medical Payment Levels	Outside the U.S.	In the U.S. (in-network)	In the U.S. (out-of-network)	In-U.S. Network	Not In-U.S. Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Deductible					
Individual	\$0	\$0	\$1,000	\$0	\$1,000
Family	\$0	\$0	\$3,000	\$0	\$3,000
Coinsurance/Payment Level	100%	100%	70%	100%	70%
Coinsurance Maximum					
Individual	\$5,100	\$5,100	\$3,500	\$5,100	\$3,500
Family	\$10,200	\$10,200	\$7,000	\$10,200	\$10,500
Pre-existing Conditions					
Pre-existing condition clause	None	None	None	None	None
Preventative Care					
Routine Physical Exams	100%	100%	70%	100%	Not covered for adults. 70% after deductible for children
Routine Immunizations	100%	100%	70%	100%	Not covered for adults. 70% after deductible for children
Outpatient					
Primary Physician Office Visits	100%	\$20 copay	70% after deductible	\$20 copay	70% after deductible
Specialist Physician Office Visits	100%	\$35 copay	70% after deductible	\$35 copay	70% after deductible
Urgent Care	100%	\$50 copay	70% after deductible	\$50 copay	70% after deductible
Emergency Services	100%	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Inpatient					
Hospital Stay	100%	\$500 deductible	70% after deductible	\$500 copay	70% after deductible
Other Medical Services					
Rehab (Physical/Occupational/Speech)	100%	\$35 copay	70% after deductible	\$35 copay	70% after deductible
Pharmacy					
Prescription Drugs - Deductible	\$0	\$100 indiv/ \$300 family	\$0	\$100 indiv/ \$300 family	Only in-network coverage
Prescription Drugs Brookhaven Science Associates	100%	\$10 copay generic/ \$20 copay brand name formulary/ \$50 brand name nonformulary	70% after deductible	\$10 copay generic/ \$25 copay brand name formulary/ \$40 brand name nonformulary	Only in-network coverage

# Dental coverage

- The current CHIS (Uniqa) program includes dental coverage
- The new Aetna International program also includes dental coverage

	INCLUDED IN AETNA INT'L		DELTA DENTAL		
			PPO	Indemnity	
Network	Aetna International		PPO and Premier Networks		PPO and Premier Networks
	Outside US & US In-Network	US Out-of-Network	In-Network	Out-of-Network	In- and Out-of-Network
Provider	Participating Provider	Any Provider	Participating Provider	Any Provider	Any Provider
Claim Process	Dentist will charge applicable co-insurance	Must submit claim to Aetna	Dentist will charge you applicable co-pay	Must submit claim to Delta Dental	Participating dentist will charge you applicable co-pay. Claims must be submitted to Delta Dental for non-participating dentists.
Dependent Children Age Limit	End of month age 26		End of year age 23		End of year age 23
Annual Deductible Per Individual/Family (for basic & major restorative dental services. Does not apply to preventive services.)	\$0/\$0	\$0/\$0	\$25/\$75 (in- and out-of-network combined)		\$25/\$75
Calendar Year Maximum Benefit Per Person (for all services other than orthodontia.)	\$1,000	\$1,000	\$1,500 (in- and out-of-network combined)		\$1,000
Eligibility for Orthodontia Coverage	Children: To age 20		Children: To age 19		Children: To age 19
	Employee & Spouse: eligible		Employee/Spouse: not eligible		Employee/Spouse: not eligible
Coverage Based On	Reduced Contracted Fees	Reasonable & Customary Fees	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
	Amount <b>insurance company</b> pays		Amount <b>insurance company</b> pays		Amount <b>insurance company</b> pays
Diagnostic & Preventive Services	80%	70%	80%	70%	See schedule
(exams, cleanings, x-rays)					
Basic Services	60%	55%	60%	45%	\$26
Fillings: one-surface amalgam (procedure code: 2140)					
Fillings: one-surface composite - anterior (procedure code: 2330)	60%	55%	60%	45%	\$30
Major Services	50%	35%	50%	35%	\$250
Crowns - Porcelain Fused to High Noble Metal (procedure code: 2750)					
Orthodontic Benefits	50%	40%	50%	50%	See reimbursement schedule
Orthodontic Lifetime Maximum Benefit Per Person	\$1,000		\$1,000 (in- and out-of-network combined)		\$1,000

# Monthly employee premiums for the Aetna International plan (Medical & Dental)

Coverage	Employee Monthly Premiums for Total Coverage and % of Total Premium									
	Aetna (U.S.) POS Plan 1 Medical				Delta Dental		Aetna (International) Medical & Dental			
	Annualized Base Pay				PPO	Indemnity	Annualized Base Pay			
	< \$70,000	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+			< \$70,000	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000+
	16.6%	22.2%	27.0%	31.8%			16.6%	22.2%	27.0%	31.8%
Employee Only	\$144.29	\$192.96	\$234.69	\$276.41	\$10.11	\$5.00	\$ 48.55	\$ 64.92	\$ 78.96	\$ 93.00
Employee & Spouse	\$301.41	\$400.67	\$487.30	\$573.94	\$20.86	\$10.00	\$ 114.14	\$ 152.65	\$ 185.65	\$ 218.66
Employee & Child	\$301.41	\$400.67	\$487.30	\$573.94	\$20.86	\$10.00	\$ 106.01	\$ 141.77	\$ 172.42	\$ 203.07
Employee and Children	\$395.91	\$532.68	\$647.86	\$763.03	\$34.23	\$19.00	\$ 106.01	\$ 141.77	\$ 172.42	\$ 203.07
Employee & Family	\$395.91	\$532.68	\$647.86	\$763.03	\$34.23	\$19.00	\$ 168.63	\$ 225.52	\$ 274.28	\$ 323.05

# How does the Aetna International plan work?

- Once you are enrolled, you will receive an identification (ID) card and package containing information about the program from Aetna
- You can locate a provider in Aetna's International plan through their customer service (phone & website)
- Show your ID card to your healthcare provider (medical and/or dental)
- If you are using a provider that is in Aetna's International network, then your cost will be based on the coverage schedule. Outside of the U.S., most medical costs are covered in full.
- If you are not using a provider that is in Aetna's International network, then you will need to pay the entire cost and then submit information on your claims to Aetna for the applicable reimbursement under the plan. It can take approximately 8 weeks to receive your reimbursement from Aetna



# What if I need to add or remove someone from my coverage?

- If you have any of the following events, contact the BSA Benefits Office by phone or email within 30 days of the event so we can assist you in changing your coverage
  - Birth or adoption
  - Marriage
  - Divorce
  - Death of a covered family member

BSA Benefits Office:

egettler@bnl.gov      1.631.344.5126

dimeglio@bnl.gov      1.631.344.2877

# How do I enroll and pay for Aetna International medical and dental coverage as of July 1, 2017

- We will send you an Aetna enrollment form to complete and advise you of the date we need to receive the completed form from you
- You will need to have this program approved through the canton in which you reside
- Premiums for these programs will be withheld from your paycheck each month

# What happens to my CHIS (Uniq) coverage?

- You need to contact CHIS (Uniq) to cancel your coverage as of July 1, 2017
- BSA will no longer reimburse you for a portion of that coverage after June 30, 2017

# Next steps

- In the coming weeks, the BSA Benefits Office will send an enrollment form to you
- You must enroll yourself, and you can enroll:
  - your spouse
  - your dependent child(ren) up to the end of the month of age 26
  - your unmarried children age 26 or older who are mentally or physically incapable of self-support\*
  - your same-sex domestic partner\*
- You need to complete the form and sent it back to the BSA Benefits Office via fax or email
  - [egettler@bnl.gov](mailto:egettler@bnl.gov)
  - [dimeglio@bnl.gov](mailto:dimeglio@bnl.gov)
  - Fax: 1.631.344.7133
- Aetna will enroll you for coverage and send you an ID card, details on the Aetna International plan, and a claim form (or link to this information)
- You begin using your new coverage as of July 1, 2017

# Questions